

WISCONSIN
SENIORCARE

PO BOX 6710
MADISON WI 53716 0710

NOTICE OF DECISION
State of Wisconsin
Dept. of Health and Family Services

Date: 03/18/05
Name: Client A Name
Case Number: 123456789

Si requiere esta información en
español, llame al 1-800-657-2038

CLIENT A NAME
12345 MAIN STREET
MADISON WI 53555

Enclosed is an Authorized Representative form you requested to assist you in managing your SeniorCare benefits and information. This form allows you to designate another person to act on your behalf. The form also allows the SeniorCare program to share your case information with the person that you authorize.

Please complete the form and return it to:

SeniorCare
P.O. Box 6710
Madison, WI 53716-0710

If you have any questions regarding this matter, please contact the SeniorCare Customer Service Hotline at 1-800-657-2038.

Sincerely,

The SeniorCare Program